Haemophilus influenzae Disease Surveillance Worksheet (Abbreviated Worksheet Option)

Local Use Only

Name (Last, First)		Hospital Record No.		
Address (Street and Number)	City	County	Zip	Phone
Reporting Physician/Nurse/Hospital/Clinic/Lab		Address		Phone

DETACH HERE and transmit only lower portion if sent to CDC

State (residence of patient)

State ID ☐☐☐☐☐

County (residence of patient)

CDC ID ☐☐☐☐☐

Hospitalized (if Yes, date of admission)
☐ Y=Yes N=No U=Unknown
Month ☐☐ Day ☐☐ Year ☐☐

Date of birth
Month ☐☐ Day ☐☐ Year ☐☐

Age
☐☐☐ 999=Unknown

Is *Age* in days/wks/mos/yrs?
☐ 3=Days 2=Weeks 1=Months 0=Years 9=Unknown

If <6 years of age, is patient in daycare?
☐ 1=Yes 2=No 9=Unknown
Daycare is defined as a supervised group of 2 or more unrelated children for >4 hours/week

Race
☐ A=Asian/Pacific Islander B=African American N=Native American/Alaskan Native O=Other W=White U=Unknown

Sex
☐ M=Male F=Female U=Unknown

Ethnic Origin
☐ H=Hispanic N=Non-Hispanic U=Unknown

Outcome
☐ 1=Survived 2=Died 9=Unknown

Type of infection caused by organism (check all that apply)

1 ☐ Primary Bacteremia	7 ☐ Peritonitis	13 ☐ Other
2 ☐ Meningitis	8 ☐ Pericarditis	
3 ☐ Otitis Media	9 ☐ Septic Abortion	
4 ☐ Pneumonia	10 ☐ Aminonitis	
5 ☐ Cellulitis	11 ☐ Septic Arthritis	
6 ☐ Epiglottitis	12 ☐ Conjunctivitis	

Bacterial species isolated from any normally sterile site
☐ 1=*Neisseria meningitidis*
2=*Haemophillus influenzae*
3=Group B *Streptococcus*
4=*Listeria monocytogenes*
5=*Streptococcus pneumoniae* (pneumococcus)
6=Other bacterial species

Specimen from which organism isolated (check all that apply)

1 ☐ Blood	4 ☐ Peritoneal fluid	7 ☐ Placenta
2 ☐ CSF	5 ☐ Pericardial fluid	8 ☐ Other normally sterile site
3 ☐ Pleural fluid	6 ☐ Joint	

Date first positive culture obtained (date specimen drawn)
Month ☐☐ Day ☐☐ Year ☐☐

IMPORTANT—PLEASE COMPLETE

Did patient receive *Haemophilus influenzae* b vaccine?
☐ 1=Yes 2=No 9=Unknown **If *Yes*, please complete the list below**

Dose	Dose Given Month Day Year	Vaccine Name / Manufacturer	Lot Number
1	☐☐ ☐☐ ☐☐	/	
2	☐☐ ☐☐ ☐☐	/	
3	☐☐ ☐☐ ☐☐	/	
4	☐☐ ☐☐ ☐☐	/	

What was the serotype?
☐ 1=Type b 2=Not typable 8=Other 9=Unknown

If *H. influenzae* was isolated from blood or CSF, was it resistant to

Ampicillin? ☐ 1=Yes 2=No 9=Not tested or unknown

Chloramphenicol? ☐ 1=Yes 2=No 9=Not tested or unknown

Rifampin? ☐ 1=Yes 2=No 9=Not tested or unknown